



Housing and Community Development Division
268 Lawrence Street, Suite 200
Marietta, GA 30060
770-794-5437

Daphne Bradwell, Manager

INFORMATION FOR ALL POTENTIAL HOUSING REHABILITATION APPLICANTS

The City of Marietta Housing and Community Development Division (HCD-CDBG) is accepting applications from Marietta homeowners interested in correcting Housing Code deficiencies and other hazardous and potentially life threatening conditions in the home.

Applications will be accepted and processed on a “first-come- first-served” basis.

The City CDBG Program requires documentation of income from all sources of all household members and verification of home ownership. Homeowners will be required to submit the following information:

- ◆ Completed Housing Rehabilitation Application Form;
- ◆ Copy of the Warranty Deed;
- ◆ Proof of income of ***all*** persons living in the home (*for example: pay stubs, social security payments, child support, etc.*);
- ◆ Copy of homeowner’s last year’s tax returns;
- ◆ Copy of Social Security cards of every person living in the home;
- ◆ Proof of current mortgage balance, not the monthly payment;
- ◆ Copy of homeowner’s insurance policy;
- ◆ Copy of two [2] most recent bank account statements;

Please note the City CDBG program will only address ***owner-occupied properties*** [meaning the owner lives and uses the property as their primary residence]. The homeowner must ***hold a fee simple title and the total household income must be within the federal Income Limits for the household size.***

Direct inquiries or questions regarding the available assistance programs to:
dbradwell@mariettaga.gov 770-794-5437 or jrogers@mariettaga.gov 770-794-5610.

MARIETTA GEORGIA

Housing Rehabilitation Program Application

OFFICE USE ONLY

Check One: MHRG_____ MHRL_____ DPL_____ Case #: _____

Client Name: _____ Application Received Date: ____/____/____

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the Marietta County Housing Rehabilitation program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

APPLICANT INFORMATION

Applicant Name:		Home Phone #:		Cell #:
Street Address:		City:	State:	Zip Code:
Year House Built: _____		Email: _____		
Name and Address of Employer:		<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired:		
Business Phone #:		Position/Title:		Number of Years on Job
<u>ANNUAL INCOME OF HOUSEHOLD:</u> \$ _____				
SOURCE	APPLICANT	SPOUSE	OTHER 18 +	TOTAL
Salary				
Social Security				
Pension, Retirement Funds, etc.				
Unemployment Benefits				

Workers Compensation				
Alimony, Child Support				
Welfare Payments				
Other Income				
TOTAL INCOME:				
<u>ASSETS</u>				
TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NUMBER
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Stocks				
Life Insurance				
Other (i.e. rental property)				
Home: Estimated Value				

LIABILITIES

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE
MONTHLY HOUSING	MONTHLY PAYMENTS	UNPAID PRINCIPAL	BALLOON PAYMENT	DATE PAYMENT IS DUE

EXPENSES		BALANCE	AMOUNT	
ITEM				
First Mortgage (P&I)				
Other Finance Secured By Property				
Hazard and Flood Insurance				
Real Estate Taxes				
Other (Childcare)				
Other (Specify)				
TOTAL				

ADDITIONAL INFORMATION

1. Do you have any outstanding, unpaid ***Liens*** or ***Judgments***? _____ Yes _____ No
If yes please list the Amount (if applicable) \$_____
2. In the past 7 years, have you been declared bankrupt? _____ Yes _____ No
3. Are you a party involved in a law suit? _____ Yes _____ No

If yes answer is given to any question below, please explain on an attached sheet

HOUSEHOLD COMPOSITION: (List the **Head of Household** and **everyone** that lives in the home including the relationship of each member to Head of Household)

Race	Full Name	Relationship	Age	Social Security Number
		APPLICANT		

[List briefly any repairs needed to your home]

[illegible]

*Source: U.S. Department of Housing & Urban Development [HUD]

Extremely Low Income = 30% of Median Household Income; Very Low Income = 50% of Median Household Income;
Low Income = 50% - 80% of Median Household Income

FY 2015 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Very Low (50%) Income Limits	\$23,900	\$27,300	\$30,700	\$34,100	\$36,850	\$39,600	\$42,300	\$45,050
Extremely Low (30%) Income Limits	\$14,350	\$16,400	\$20,090	\$24,250	\$28,410	\$32,570	\$36,730	\$40,890
Low (80%) Income Limits	\$38,200	\$43,650	\$49,100	\$54,550	\$58,950	\$63,300	\$67,650	\$72,050

APPLICANT'S CERTIFICATION

I/We, the undersigned, certify the information provided above in this application is accurate and complete to the best of my knowledge. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial housing rehabilitation assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I certify that I am the owner occupant of said property and that I/We hold fee simple title to the above property. Failure to disclose all income or the reporting of inaccurate or false information will result in disapproval of assistance and will be considered fraudulent.

Applicant: _____ Date: _____
_____/_____/_____

Co-Applicant: _____ Date: _____
_____/_____/_____